

State of Maryland – Department of Health and Mental Hygiene
Center for Milk Control

APPLICATION TO CONSTRUCT DAIRY FARM FACILITIES

Name of Producer _____ Date _____

Address _____

Phone # _____ Name of Co-op _____

Co-op Field Representative _____

Contractor _____ Contractor Phone # _____

Contractor Address _____

Type of Construction (*Check all that apply*)

_____ New Milk House	_____ Reconstruction
_____ New Milking Parlor	_____ Liquid or Solid Waste Storage
_____ New Housing Facilities	_____ Other (<i>Describe below</i>)

Brief Description of work: _____

*Please see attached “Plan Submittal Guide” for details concerning the plans and specifications that need to be submitted for DHMH review and approval **PRIOR** To beginning construction.

Mail completed application and plans to: Division of Milk Control, 1360
Marshall Street, Hagerstown, MD, 21740.

For Official Use Only

Plan Approval:

Co-op Field Representative Signature: _____ Date _____

State Sanitarian Signature: _____ Date _____

Installation Approval:

State Sanitarian Signature: _____ Date _____